

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091889955 FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
	IND.	DEP.	IND.	DEP.						
1	1		1		51					
2	1		1		52					
3	2		1		53					
4	1		1		54					
5	1		1		55					
6	1		1		56					
7	6		1		57					
8					58					
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43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.		1			TOTAL IND.					
TOTAL DEP.		10			TOTAL DEP.					
TOTAL CLAIMS		7			TOTAL CLAIMS					